

PRV – Enrollment Processing Pharmacist Case Management Request

Purpose:

The purpose of this procedure is to process Enroll Pharmacist Case Management providers

Identification of Roles:

Provider Enrollment Specialist

Performance Standards:

Reply within one business day following receipt of the request from Medical Services

Path of Business Procedure:

Step 1: Receive e-mail from Medical Services Unit

Step 2: Is all required information in the e-mail?

- a. The e-mail must include the name of the Pharmacy Case Manager (PCM), National Provider Identifier (NPI) number, name and NPI of the pharmacy in which the PCM will be providing services, address, phone number, e-mail address of the PCM and Iowa license number of the PCM.
- b. If all information is included in the e-mail, continue processing.

Step 3: Send e-mail back for missing information

- a. If all required information is not included on the e-mail return to Medical Services requesting missing information.

Step 4: Enter PCM into the Medicaid Management Information System (MMIS)

- a. Access File 9 Provider Master File.
- b. Use Option A in the Provider Master File to “Add a Provider”
- c. Enter 000 for the first three digits of the provider number; MMIS will generate the remaining digits for the provider number using the next available provider number.
- d. Screen one: enter the provider information from the e-mail-Name, address, phone number, Provider type 08, sort –name-last name first, first name, Tax Identification (ID) of the pharmacy where the provider will be providing services, effective date will be the date you received the email. The enrollment status code will default to “V”.
- e. Screen two: enter claim type span with same effective date from screen one with an open ended and the claim type of “M”. Group linkage must be set to the pharmacy number in which the PCM will be providing services. Use same effective dates as above.
- f. Screen three: Tab to TREAT-PROV-IND: enter “Y”

- g. Press enter, the MMIS will validate the information entered, press enter again to complete.

Step 5: Add the new provider to the IME Web tool

- a. The next day after entered into MMIS, enter the providers NPI /taxonomy code if applicable into the Web tool.
 1. Enter the assigned legacy number to access the provider file on the Web tool
 2. Add the NPI number and taxonomy code if applicable.
 3. The next day the Web tool will update MMIS with an active status code of “1”
 4. The following day MMIS will generate a welcome letter to be mailed to the provider

Step 6: Email complete request back to Medical Services

- a. Once all steps are completed send email back to Medical Services letting them know the request has been completed and the legacy provider number assigned.

Forms/Reports:

E-mail Notification from Medical Services
MMIS Provider Screen Print

RFP References:

N/A

Interfaces:

OnBase
Core
MMIS
Medical Services

Attachments:

Attachment 1

From: [REDACTED] **To:** [REDACTED]
Subject: new PCM provider - [REDACTED] **Cc:** [REDACTED]

I need a PCM number for the following:

~~Ginelle Schmidt, Pharm D~~

Iowa license ~~88576~~

NPI number ~~1720274188~~

pharmacy - University of Iowa Hospitals and Clinics (Medicaid number [REDACTED])

200 Hawkins Drive, CC101GH

Iowa City, IA 52242

phone 319-356-2577

fax 319-353-8443

email ginelle-schmidt@uiowa.edu

Thanks and have a great weekend!

Mary

Email must include:

- Provider Name
- License number
- National Provider Identifier (NPI) number
- Pharmacy information-Name, Address, Phone number, NPI number or Legacy Provider number.

Attachment 2

IME Operational Procedures Requirements MMIS Provider Screen Print

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PROVIDER SUBSYSTEM KEY PANEL

ENTER THE ACTION CODE: a A = ADD C = CHANGE D = DELETE I = INQUIRY

----- PROVIDER MASTER FILE -----

MEDICAID-NUMBER: 01

SOCIAL-SECURITY OR EMPLOYER-ID:

PROVIDER-NAME:

UPIN:

PROVIDER-TYPE/COUNTY:

DEA-NUMBER:

----- MEDICARE/MEDICAID CROSS-REFERENCE FILE -----

MEDICARE-NUMBER: MEDICARE-EFFECTIVE-DATE:

MEDICAID-NUMBER:

----- HMO/PREPAID HEALTH PLAN FILE -----

MEDICAID-NUMBER: PLAN-EFFECTIVE-DATE:

----- NABP/MEDICAID CROSS-REFERENCE FILE -----

NABP-NUM: NABP-EFFECTIVE-DATE: MEDICAID-NUM:

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- Use Option A in the Provider Master File to "Add a Provider"
- Enter the first two digits of the new provider number- 02,04, or 07. Medicaid Management Information System generates the remaining digits of the provider number using the next available number.

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PROV: 000000 PROVIDER MASTER DISPLAY SCREEN 1 INQUIRY
CURR-DATE: 01/06/05 LAST-TRANS USER: 00

PRACTICE NAME AND ADDRESS

CITY: IOWA CITY ST: IA ZIP: 502420000
CNTY: 52 JOHNSON TYPE: 00 OUT-ST: N
SCRT-NAME: UNIVERSITY OF IOWA HOSP TAX-TYPE: E TAX-ID: 421000000
SPECIALTY DATE CERT SPECIALTY DATE CERT

LIC-NO: 000 LIC-BEGIN-DATE: 000177 LIC-END-DATE: 999999 SNF-LOC:
CT-AGREE-IND: CT-BEGIN-DATE: CT-END-DATE:
APP-DATE: 000000 TYPE-PRAC: 00 OWN: 1 DEA: 000000

----- ENROLLMENT -----

STATUS	DATE	CLAIM-TYPES (PF2):	1	WAIVER-TYPES (PF2):	1
1 ACTIVE	000177	BILLING-AGENTS (PF2):	0	GROUPS (PF2):	0
		ADDRESSES (PF3):	2	HOLD-REVIEW (PF4):	0
		RATES (PF4):	24	BED-DATA (PF4):	1
		GROUP-MEMBERS (PF5):	0	BILL-AGT-MEMBER (PF6):	0
		CLIA (PF7):	0	LAB-CLASSES (PF7):	0
		CERTIFICATION (PF8):	7	DRG-DATA (PF9):	6
		LAST-CLAIM-DATE:		APG-DATA (PF9):	5

NEW-PROV:
PREV-PROV:

4/8 :00.9 04/02

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- a. Enter the provider information in the blanks with the information from the email received from Medical Services.

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File Edit View Tools Session Options Help

PROVIDER: 0600585 PROVIDER MASTER DISPLAY SCREEN 2 INQUIRY
CURR-DATE: 01/06/05

----- CLAIM TYPE SPANS -----				----- WAIVER TYPE SPANS -----			
BEGIN	END	--CLAIM TYPES--		BEGIN	END	---WAIVER TYPES---	
090177	999999	I O P B X V		090177	060500	A	

GROUP BEGIN END GROUP BEGIN END GROUP BEGIN END

BILLING-AGENTS:

46 :00.8 05/03

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- Enter the appropriate claim type for the provider